



## Security Council

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### **Letter dated 6 June 2011 from the Permanent Representative of Gabon to the United Nations addressed to the Secretary-General**

I have the honour to transmit herewith a concept paper for the Security Council debate on maintenance of international peace and security: the impact of HIV/AIDS on international peace and security, to be held on 7 June 2011 (see annex).

I should be grateful if the present letter and its annex could be circulated as a document of the Security Council.

*(Signed)* Nelson Messone

**Annex to the letter dated 6 June 2011 from the Permanent Representative of Gabon to the United Nations addressed to the Secretary-General**

[Original: English]

**Impact of HIV/AIDS on international peace and security**

AIDS has now taken more than 25 million lives. More than 60 million people have been infected with the virus. Each day, 7,000 people are newly infected with HIV, including 1,000 children. The epidemic continues to disproportionately affect sub-Saharan Africa, where women and children bear the brunt of its devastating effects. The epidemic continues to outpace our response to it.

The meeting of the Security Council in January 2000 on the HIV/AIDS epidemic as a threat to international security drew the world's attention to the need for a massive mobilization in the fight against HIV/AIDS, and served as an important counterpart to parallel efforts on the part of the General Assembly and the Economic and Social Council to harness the power of the United Nations to address this threat. As the Secretary-General has written in his recent progress report, the massive mobilization of resources in 2001 demonstrated the power of international solidarity, evidence-informed action and political commitment (A/65/797). In the 10 years since the adoption of the 2001 Declaration of Commitment and 11 years since the first meeting on HIV/AIDS, there has been important progress in addressing the AIDS pandemic. Global HIV incidence is declining, access to treatment is expanding, and a global movement has mobilized to demand respect for the dignity and human rights of everyone vulnerable to and affected by HIV. However, stigma, discrimination and gender inequality continue to undermine efforts to achieve universal access to HIV prevention, treatment, care and support.

The Security Council in resolution 1308 (2000) recognized the potential of the HIV/AIDS pandemic, if unchecked, to pose a risk to stability and security. In that resolution it focused particularly on the potential of HIV/AIDS to affect the health of United Nations peacekeeping personnel, including both troops and support personnel. It requested the Secretary-General to take further steps towards the provision of training for peacekeeping personnel, and encouraged Member States to increase international cooperation to assist with HIV/AIDS prevention, voluntary and confidential testing, counselling, and treatment for personnel to be deployed to peacekeeping operations.

In the 11 years since the adoption of resolution 1308 (2000), there has been significant progress and investment in addressing HIV/AIDS among uniformed personnel. Accomplishments include:

- 70 militaries now have HIV/AIDS prevention, counselling and treatment programmes
- 2.9 million troops and family members have been tested for HIV and received counselling
- 81,200 pregnant women used prevention of mother-to-child HIV transmission services which included counselling and testing for HIV.

Despite these efforts, statistics of the Department of Peacekeeping Operations have shown that, since 2000, illness has surpassed accidents and malicious acts as the leading cause of death of United Nations peacekeeping personnel (except for 2010, the year of the Haiti earthquake). While the number of HIV/AIDS-related deaths is not precisely known, this trend underlines the urgent need to re-examine the Security Council response to HIV/AIDS in United Nations peace operations. This means continued emphasis on strengthening national HIV policies for uniformed services, training and health measures for all categories of personnel before deployment on United Nations missions, continuing awareness programmes, using a command-centred approach, and education and health programmes for local populations. Research has confirmed that the maximum impact for HIV/AIDS prevention among uniformed personnel comes from implementing effective HIV/AIDS programmes for the entire uniformed population, rather than only those deployed as peacekeepers. While that may not be practicable, a review of the efficacy of steps taken with regard to personnel to be deployed to United Nations missions is clearly needed.

Our knowledge base and understanding of HIV/AIDS in the conflict areas has improved since 2000. For example, HIV/AIDS incidence has been shown to increase in post-conflict situations, with implications for the role that could be played by peacekeeping and peacebuilding missions in strengthening HIV prevention in their areas of operation. We have also developed a greater understanding of the gender dimensions of HIV/AIDS, which disproportionately affect women and girls. The Security Council should thus consider how it could maximize the positive potential of United Nations peacekeeping missions to include HIV/AIDS awareness and training when implementing disarmament, demobilization and reintegration processes and in post-conflict justice and security sector reform efforts.